

EXPORT INFORMATION SERVICES ORDER FORM

NO SERVICE MAY BE PROVIDED UNLESS A COMPLETED APPLICATION FORM OR THE EQUIVALENT INFORMATION HAS BEEN RECEIVED (15 USC 171-197 15) USC 1512 ET SEQ; 15 USC 1525-1527)

Agency Disclosure of Estimated Burden

PUBLIC REPORTING FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO BE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. ALL RESPONSES TO THIS COLLECTION OF INFORMATION ARE VOLUNTARY, AND WILL BE PROVIDED CONFIDENTIALLY TO THE EXTENT ALLOWED UNDER THE FREEDOM OF INFORMATION ACT NOTWITHSTANDING ANY OTHER PROVISION OF LAW, NO PERSON IS REQUIRED TO RESPOND TO NOR SHALL A PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT UNLESS THAT COLLECTION OF INFORMATION DISPLAYS A CURRENT VALID OMB CONTROL NUMBER. SEND COMMENTS REGARDING THE BURDEN ESTIMATE OR ANY ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO THE REPORTS CLEARANCE OFFICER, INTERNATIONAL TRADE ADMINISTRATION, DEPARTMENT OF COMMERCE, ROOM 4001, 14TH STREET AND CONSTITUTION AVENUE, N.W. WASHINGTON, D.C. 20230

COMPANY DATA AND PRODUCT INFORMATION**COMPANY DATA:**

Date

Company Name

Street Address

City

State

ZIP

Key Contact

Telephone Number

Title of Key Contact

Street Address

Telex No./Fax No.

TYPE OF SERVICE ORDERED

	Quantity	Amount
ICIP <input type="checkbox"/>	_____	_____
ADS <input type="checkbox"/>	_____	_____

	Quantity	Amount
CMA <input type="checkbox"/>	_____	_____

PRODUCT INFORMATION: (See instructions on page 2):**TOTAL ORDER: \$** _____ ☐ Check/money order enclosed☐ Visa or ☐ IMCI Account No. _____ Exp. _____

Signature: _____

MAIL TO:**DOC USE ONLY**

US&FCS Code _____

Sequence No _____ - _____

Payment received at D.O. - ☐ Yes ☐ No

Amount \$ _____

Date Filled: _____

INSTRUCTIONS

To order any of the listed services, please provide the necessary information in the PRODUCT INFORMATION section on page one of this form. If you need additional space, attach a separate sheet of paper.

International Company Profile (ICP)

Please provide the name and address of the foreign company requested, telephone number, fax number, official's name, and special information desired about the firm.

NOTE: An ICP cannot be prepared without a street address.

Agent Distributor Service (ADS)

Please ask for the separate ADS information form that calls for details about your product(s) and marketing objectives. This information is needed to successfully provide the service in the market(s) requested.

Customized Market Analysis (CMA)

Please ask for the separate CMA information that calls for details about your product(s) and marketing objectives. This information is needed to successfully provide the service in the market(s) requested.